

Maine Board of Underground Storage Tank Installers
c/o Maine Department of Environmental Protection
State House Station 17
Augusta, Maine 04333
207/287-2651

Reference Letter

Supplement to Variance Application Form
(32 MRSA Sec. 10010.3-A.D; 06-481 CMR c. 3 Sec. 4.D)

Applicant Name: _____ Applicant Apprentice ID No.: _____

To be completed by applicant

Name of Reference: _____

Address: _____

Daytime Telephone: _____

Relationship to applicant. Place an "X" or "✓" in the box which best describes your role relative to the applicant for the installation(s) the applicant claims.

- ☐ Supervisor.
☐ Facility owner.
☐ Government official responsible for this installation.

	Specific Installations Included	(Completed by applicant)	
No.	Facility Name	City or Town	State or Province
1			
2			
3			
4			
5			
6			

Please rank the performance of the applicant by placing an "X" or "✓" in the box which best describes the applicant's performance on the above-named installation(s).

	Excellent	Good	Poor	Don't know
Character - personal reputation				
Quality of professional work				
Technical knowledge and ability				
Ability to organize projects				

Please describe and assess the performance of the applicant in your own words for the above-named installations:

Signature: _____

Date: _____